

CLAIMS ONLY							Application Number <b>10/810,876</b>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3			/				53			
4				/			54			
5				/			55			
6				/			56			
7				/			57			
8				/			58			
9				/			59			
10				/			60			
11				/			61			
12			/				62			
13				/			63			
14				/			64			
15				/			65			
16				/			66			
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18			/				68			
19				/			69			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep			3				Total Indep			
Total Depend			16				Total Depend			
Total Claims			19				Total Claims			